PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

maintenance fee notifica	ted below or directed ot attons.	herwise in Block 1, by ((a) specifying a new corr	espondence address;	and/or (b) indicating a sepa	correspondence address as rate "FEE ADDRESS" for r domestic mailings of the
	E _e	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
5514		9/2008		Car	tificate c	f Mailing or Trans	niccian
FITZPATRIC 30 ROCKEFEL NEW YORK, N		ER & SCINTO	I l St ad tra	nereby certify that the ates Postal Service we dressed to the Mail ansmitted to the USP	is Fee(s) ith suffice Stop IS ΓΟ (571)	Transmittal is being cient postage for firs SUE FEE address 273-2885, on the day	deposited with the United t class mail in an envelope above, or being facsimile ate indicated below.
							(Depositor's name)
							(Signature)
					4-43		(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	ATTORNEY DOCKET NO.		CONFIRMATION NO.	
09/855,942	09/855,942 05/16/2001		Michael Sachs	02633.000001.		1439	
TITLE OF INVENTION	I: MAXIMAL NASAL I	NTERNAL SUPPORT S	YSTEM				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NOVES	\$1440	\$300	\$0	\$0		08/19/2008
EXAM		ART UNIT	CLASS-SUBCLASS				
MATHEW	MATHEW, FENN C		623-010000	10000			
1. Change of corresponde CFR 1.363).	ence address or indication	n of "Fee Address" (37	2. For printing on the			FITZI	PATRICK, CELLA
	ondence address (or Cha 3/122) attached.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a					
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Cus Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or ty	ype)			
PLEASE NOTE: Unl recordation as set forth	ess an assignee is identi h in 37 CFR 3.11. Comp	fied below, no assignee letion of this form is NO	data will appear on the T a substitute for filing ar	patent. If an assigner assignment.	ee is ide	ntified below, the do	ocument has been filed for
(A) NAME OF ASSIC	SNEE		(B) RESIDENCE: (CIT	Y and STATE OR C	OUNTR	Y) **	
Please check the appropri	ate assignee category or	categories (will not be pr	rinted on the patent):	Individual Co	rporation	or other private gro	up entity Government
4a. The following fee(s) a	b. Payment of Fee(s): (Ple	ease first reapply an	y previo	usly paid issue fee s	hown above)		
Publication Fee (N	o small entity discount p	Payment by credit card. Form PTO-2038 is attached.					
Advance Order - # of Copies FIVE			The Director is hereboverpayment, to Dep	Director is hereby authorized to charge the required fee(s), any deficiency, or credit any rpayment, to Deposit Account Number 66 - 120 (enclose an extra copy of this form).			
prompt .	us (from status indicated						
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	SMALL ENTITY statu		b. Applicant is no lo	<u>. Tarangan dan Tarangan kalabah</u>		A CONTRACTOR OF THE PARTY OF TH	R 1.27(g)(2). e assignee or other party in
interest as shown by the re	ecords of the United Stat	es Patent and Trademark	Office.				assignee of other party in
Authorized Signature	Lel	2.32	Moderno con	Date	? Au	6 2008 9,296	
Typed or printed name			NA				
This collection of informa in application. Confidenti submitting the completed his form and/or suggestic 30x 1450, Alexandria, Vi	tion is required by 37 Cladity is governed by 35 application form to the ons for reducing this burrginia 22313-1450. DO	FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR (on is required to obtain or 1.14. This collection is es depending upon the indice Chief Information Offic COMPLETED FORMS T	retain a benefit by the stimated to take 12 n vidual case. Any co ter, U.S. Patent and O THIS ADDRESS	ne public ninutes to mments fradema . SEND	which is to file (and o complete, including on the amount of times of the complete of the comp	by the USPTO to process) g gathering, preparing, and the you require to complete rtment of Commerce, P.O. or Patents, P.O. Box 1450,

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.